

# Module 1

## Homelessness and health – an introduction

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# What is meant by 'homelessness...'

- People sleeping rough, or living in night shelters
- Single homeless people and families living in hostels, temporary accommodation and B&Bs
- 'Hidden homeless' people – e.g. squatters, 'sofa-surfers', people who sleep on buses / in fast food restaurants, some boat dwellers and Gypsies & Travellers, people living in sheds, and factories.

# Case study: quotes from a young female 'sofa surfer'

A 'sofa surfer' is someone who moves between relatives, friends or acquaintances whilst they have no permanent accommodation.



'I banked on the fact that colleagues wouldn't notice that I essentially rotated the same three work outfits each week, and that a slick of bright lipstick would draw attention away from my ensemble...'

'But the un-ironed tops and whispered phone calls eventually gave me away.'

# Homelessness is rising

- ['280,000 people in England are homeless, with thousands more at risk'](#) Shelter, Dec 2019 (A further 200,000 were reported as threatened with homelessness during the year)
- ['Rough sleeping up 21% in London over last year ahead of 'inevitable rise''](#) The Big Issue, Sept 2020 (Number of people seen rough sleeping over the year in London 2019-2020 – 10,726)
- [Hidden homelessness: The cold hard facts.](#) Big Issue, Jan 2018  
The Big Issue suggested in 2018 that at least a further 300,000 in England were 'hidden' from statistics

# Hospital attendances from homeless people are rising....

## Number of visits to England's A&E departments by homeless people 'has TREBLED since 2011'

- Nearly 32,000 homeless people went to A&E in English hospitals last year
- The number is up from 11,000 in 2011, with a 1,500 per cent rise at one hospital
- Experts suggest Government cuts and drug use could be to blame
- And they say homeless people's health problems are getting more complex

By [SAM BLANCHARD HEALTH REPORTER FOR MAILONLINE](#)

**PUBLISHED:** 15:11, 21 January 2019 | **UPDATED:** 15:31, 21 January 2019



The number of homeless people going to A&E has tripled in the last seven years, an investigation has revealed.

Almost 32,000 emergency visits were recorded in English NHS hospitals last year, up from 11,000 in 2011.

A 15-fold increase was noted at one hospital trust in central **London**, while many parts of the country have seen their numbers rocket 500 per cent or more.

Experts say the use of spice and other strong drugs, fewer preventative health services and a lack of social housing could be to blame for worsening problems.



During the last financial year, 2017/18, at least **31,924** patient visits were recorded.



# and admissions are rising too...

**NHS**

## Figures show soaring number of homeless hospital patients

NHS Digital figures show admissions in England rose from 1,539 in 2008/9 to 10,259 in 2017/18

**Sarah Marsh and Patrick Greenfield**  
Wed 20 Feb 2019 14.37 GMT

    1,213

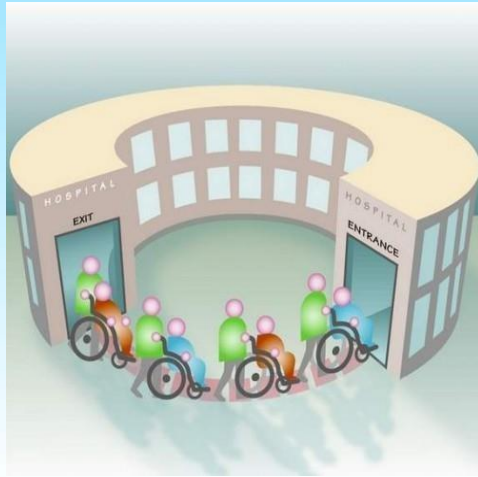
 This article is over **1 month old**



▲ Experts put the rise in hospital attendances down to cuts to services and austerity. Photograph: Yui Mok/PA

Thousands of homeless people in England are arriving at hospital with

# A revolving door of secondary care usage



Homeless people attend A&E 5 times as much, are admitted 3 times as often, and stay 3 times as long as the general public. Overall they cost 8 times as much. (DH, 2010)

In 2013 the health needs of 933 people sleeping rough in Hammersmith and Fulham, Kensington and Chelsea and Westminster were analysed. In this study rough sleepers:

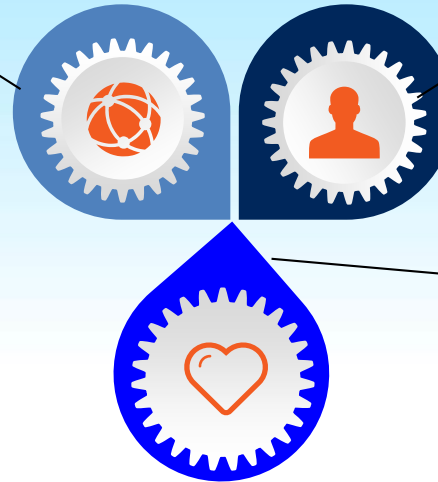
- Visited A&E at 7 x rate of the general population
- Were admitted to hospital more often
- The cost of their care in hospital- based services was 5 times as much as the average for the general population

Read [full report](#) here

# Complex needs & Tri-morbidity

## Substance Misuse

**> 60% history of substance misuse**



## Mental Health

**70% reach criteria for personality disorder**

## Physical Health

**>80% 1 health problem  
20% > 3 health problems**

6 x more likely to have heart disease

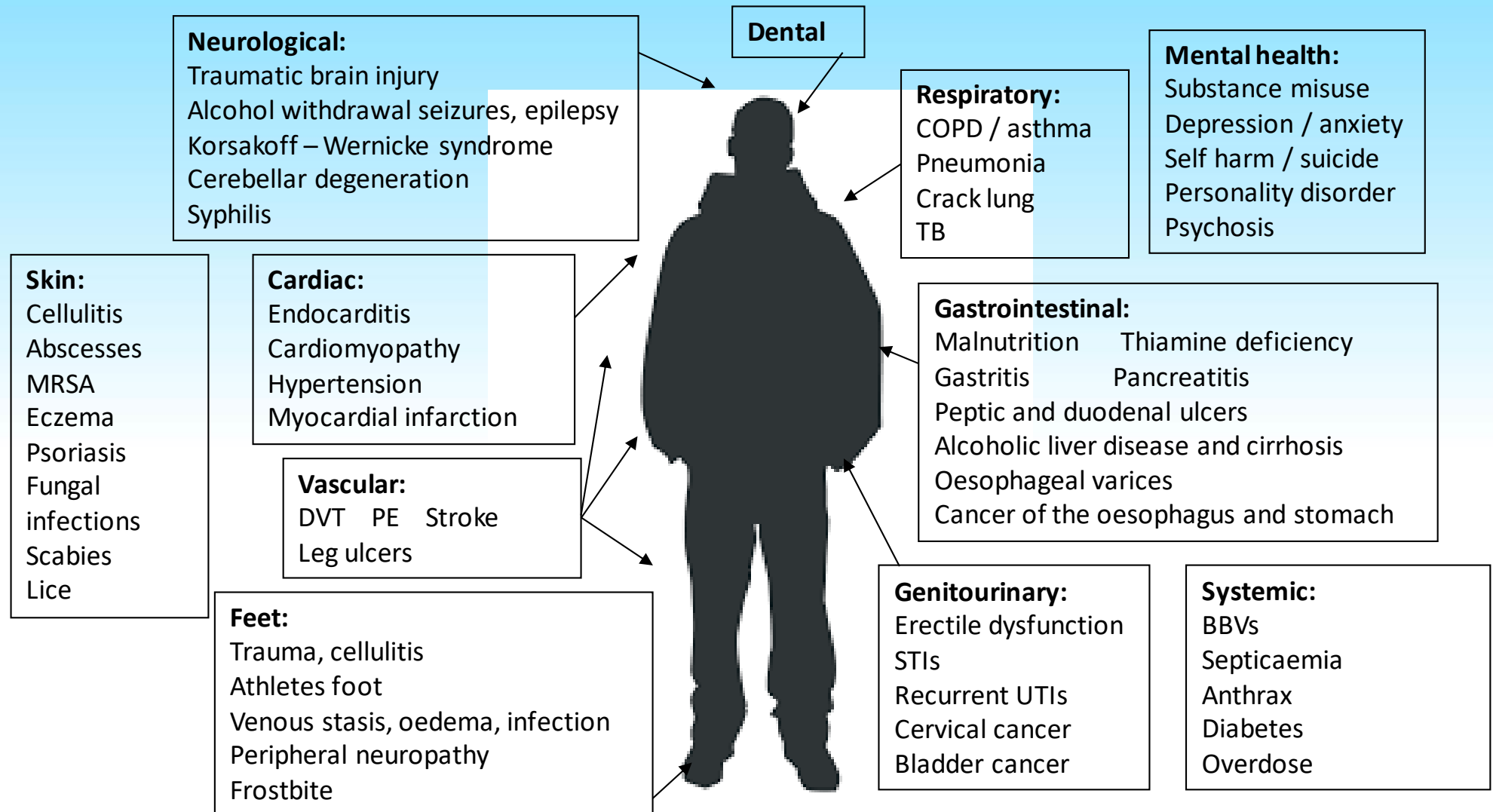
5 x more likely to have a stroke

12 x more likely to have epilepsy

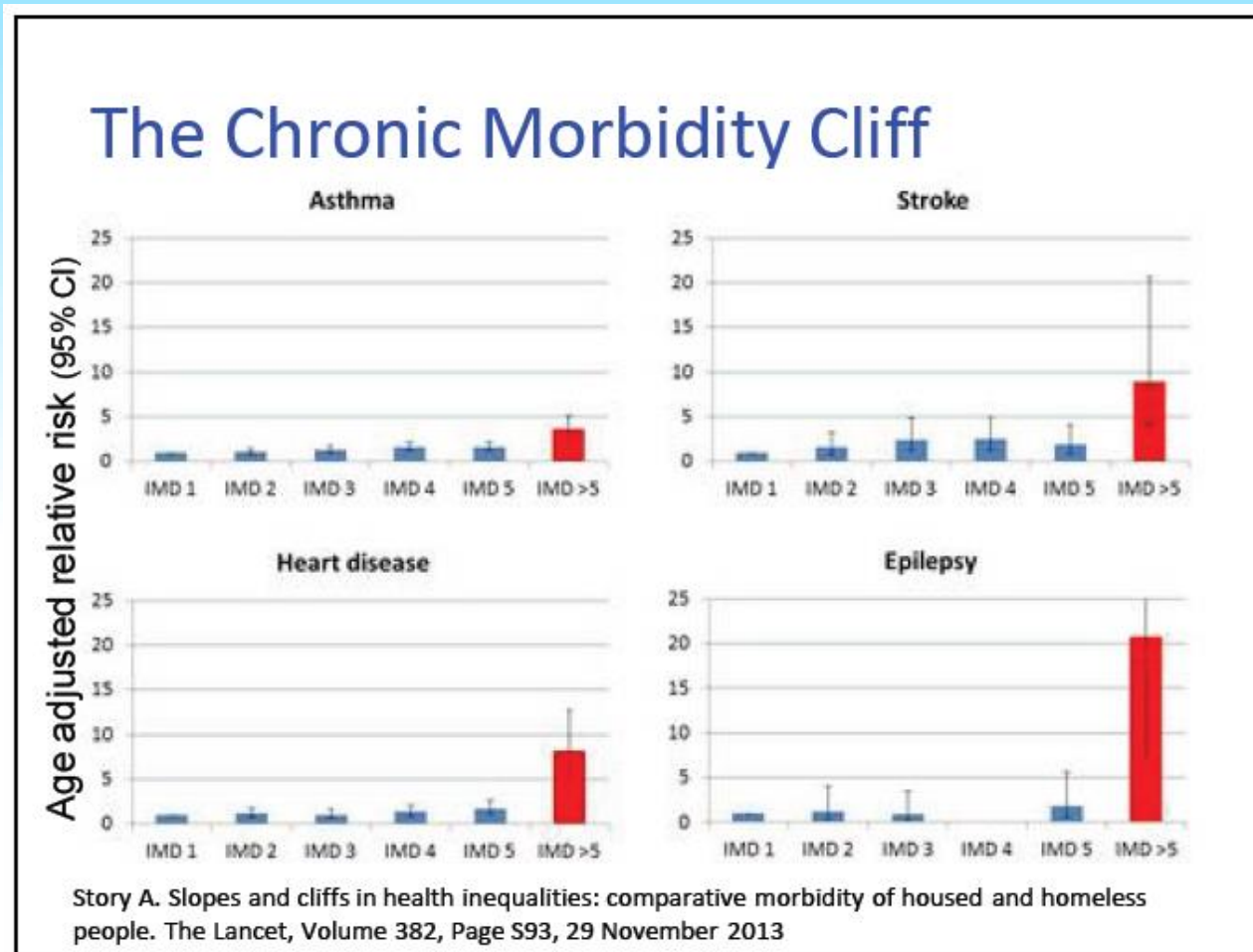
**Onset of related functional impairment 10-15 years early**



# Hidden morbidity



# Prevalence of chronic disease



# Barriers at an individual level



- Literacy and language
- Complex psychological trauma
- Mental health and addiction
- Cognitive issues
- Practical challenges – who will look after my dog
- Stigma and assumptions
- Power dynamics

# Acquired Brain Injury

- 45% of homeless people had a traumatic brain injury. 87% occurred *before* the onset of homelessness. (Topolovec-Vranic et al, 2014)
- Alcohol related brain injury – memory loss, confusion, impaired attention, difficulty processing information, reduction in initiative, depression, irritability
- Support with information processing, cognitive deficits need documenting, this is often not done



# Mental health e.g. the Challenge of Complex Trauma or 'Personality Disorder'

- 70% of single homeless populations (Maguire et al 2009)
- 73% of prison populations (Ministry of Justice, 2007)
- 77% of suicides (DH, 2009)
- 4% of general population (Cold and Yang, 2006)

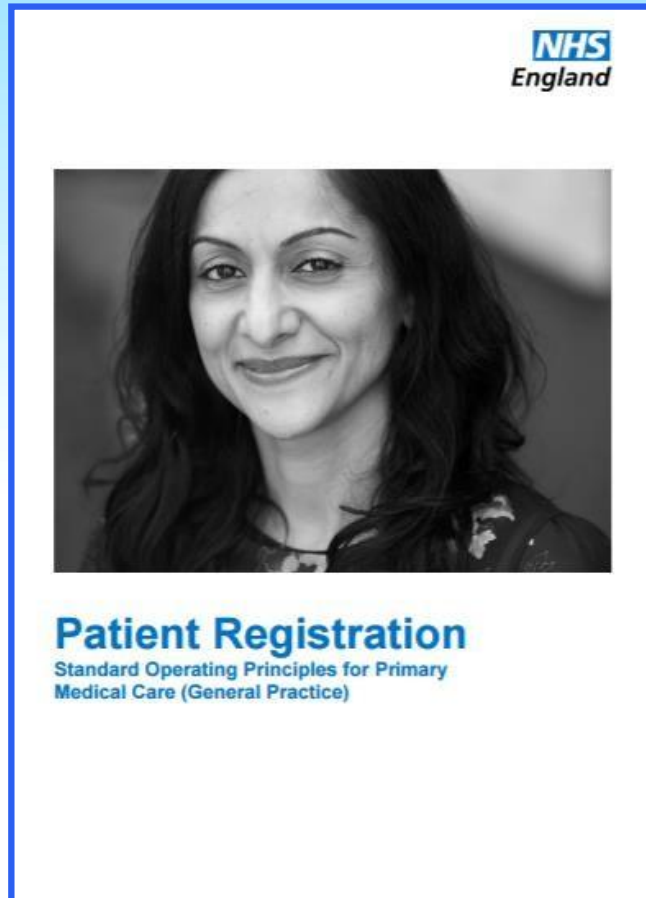


# System level barriers to care for all inclusion health groups

- Patients are stigmatised<sup>1</sup>
- Medical reductionist model – health care managed in silos<sup>2</sup>
- Patients turned away from GP registration<sup>3</sup>
- NHS Charging Regulations<sup>4</sup>
- Chances to Make Every Contact Count are missed<sup>5</sup>
- CPD options for qualified staff are limited (on a background of inconsistent pre-reg training)<sup>6</sup>



# GP registration rules



- There is no regulatory requirement to prove identity, address or immigration status to register at a GP surgery.
- Patients do not need to provide an NHS number.
- Inability to provide documents is not reasonable grounds to refuse registration.
- To get an outstanding CQC inspection rating all patients should be offered support to complete registration, and patients with disabilities must be offered support.

# The result? Deaths are rising...



- 726 deaths in 2018, up 22% since series began
- Mean age at death was 45 years for males and 43 years for females in 2018 (general pop 76 for men, 81 for women.)

**ONS data**



# Intervening in hospital The 'Pathway' model –



# Pathway model – a national approach

- First team launched 2009
- Cited as best practice in NHS long term plan (p42)

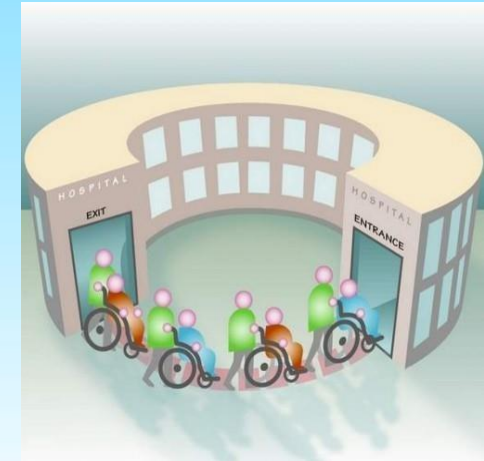
<https://www.england.nhs.uk/long-term-plan/>

- ‘Consultant GP’
- Ward round
- Focus on **health** gain as well as housing
- Involving people with lived experience



# Aiming to stop the revolving door though...

- Holistic (not siloed) approach
- Addressing **all** needs
- **Expert legal knowledge – housing, immigration, health rights**
- Appropriate housing and support
- Enabling and ensuring health follow-up
- Trauma informed approach - care / communication to build a trusting relationship
- Ensuring effective handovers



# and bridging to the community

- MDT meeting weekly
- Links built with primary care, mental health, addictions, hostels, day centres, housing, social care, support services e.g floating support



# Evidence for the Pathway model

- Pathway improves hospital capacity by reducing average duration of admissions<sup>1,2,5,6,7</sup>, subsequent A&E attendances<sup>2,5,8</sup>, and readmissions<sup>1,2,5,7,8</sup>.
- Pathway improves outcomes - better health 90 days after discharge<sup>3</sup>, less rough sleeping<sup>3</sup> and improved housing outcomes on discharge<sup>4,5,6</sup>
- Pathway is cost effective calculated using Quality Adjusted Life Years<sup>3</sup>, and also when comparing the costs of the team to the reduction in secondary care activity for involved patients<sup>7,9</sup>.

**Improves  
capacity,  
outcomes and  
is cost  
effective**





- DH reference
- JSNA reference
- Homeless link reference
- AI Story reference
- Brian injury reference
- PD references
- GP registration reference

# System Barrier References

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# **Question 1: Which of these groups of people would be classed as being 'homeless'?**

- a) people living in homeless hotels**
- b) families living in bed and breakfast accommodation**
- c) people sleeping casually with friends and family who have no permanent place to reside**
- d) all of the above**

**Question 2. The number of people estimated to be homeless in England in Dec 2019 by Shelter was:**

- a) 2,800**
- b) 28,000**
- c) 200,000**
- d) 280,000**
- e) 300,000**

## Question 3. What does 'tri-morbidity' mean?

- a) having any three medical conditions at the same time
- b) having a physical health, mental health and addictions problem concurrently
- c) having a mental health problem, learning disability, and addition problem concurrently
- d) it means the same as co-morbidity

**Question 4. What was the average age of death of a homeless man in according to the ONS data?**

- a) 64 years old**
- b) 55 years old**
- c) 47 years old**
- d) 43 years old**

## **Question 5. What identification due you need to register with a GP?**

- a) Proof of name**
- b) Proof of immigration status**
- c) Proof of address**
- d) All of the above**
- e) None of the above**